**CFR2 Instructions**

2019-2020

**Service Delivery:** Report all ***grant funded service units*** *and* ***comparable service units.***

Units of service delivery match SAMS data

***grant funded services –*** Approved services on Planned Services & Expenditures; all or in part grant funded

***comparable services –*** Services not funded by the grant but meet the definition of a Title III service if:

* individual receiving service is eligible (over 60) or spouse, disabled (lives with)
* actual unit of service matches a grant funded unit of service by definition
* eligible individual receiving service is not charged for the specific service, but is given the opportunity to make a donation
* the service shows actual expenditures in a Match category
* service delivery is reported in SAMS;

*Reporting comparable services is to your advantage, but is optional*

| SAMS Required Characteristics | Use Care Enrollment-Care ProgramNAPIS Title III | SAMS Consumer Groups\* |
| --- | --- | --- |
| Senior CompanionRetired Senior VolunteersFoster Grandparent/Elder Mentor | Eligible individualsa) have Consumer Characteristics entered for services listed on the left and/orb) are counted in Consumer Groups, listed on the right\*use of individual characteristics is an option* service was provided to an individual that is not a Medicaid Waiver \*\* service
* service was not counted as a Title VI service
 | Statewide LegalStatewide MediaInformation & AssistanceOutreach |

If you would like to track “Other Provider Services” that do not meet the definition of a Title III service, please contact your Health Program Manager kristincox@alaska.gov or 907-465-4876.

**Expenditures:** Report expenditures in whole dollars in row for quarter across service columns

Grant & total expenditure per service on CFR2 match eGrants grant & total expenditures

**Grant Award:** Report grant funded service expenditures by service, (usually funds approximate ¼ of Budget and ¼ of the Planned Services & Expenditures (PSE) by service)

**Cost allocation:** Similar services (for example CM&HD Meals and AT&UT Transportation)

You may apply cost allocation to calculate expenditures; example:

1) Total cost to the grant all meals: $1,350

2) CM 100 66.67%

 HDM 50 33.33%

Total Units 150

3) CM $900

 HDM $450

Apply % total $1,350

**Actual expenditure:** Use of percentages does not apply to dissimilar services: for example I&A funds and homemaker funds should not be reported in percentage., Use actual expenditures for these programs.

**Grant/Program Income:** Report and apply donations, and charges to ineligibles, for the actual service for which the income was received

**Local & In-Kind Match:** Cash Donations: United Way, Borough, fundraiser, in-king volunteers, food, etc.

**Comparable Services:** Report expenditures in Local & In-Kind Match category (not Grant Award)

**Comparable Services:** Report all other expenditures & Medicaid Waiver\*\* **(MW\*\* report expenditures but not service units).** Do not report Title VI expenditures

Indicate individual(s) that prepared:

1) Service Delivery and

2) Expenditures and contact information

Alaska Department of Health & Social Services Division of Senior & Disabilities Services

Title III Nutrition, Transportation, & Support Services

Cumulative Fiscal Report 2 (CFR2)- Statewide Services 2020

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #607-309-\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter: \_\_\_\_\_\_\_\_\_

**Service Delivery**

Volunteers Statewide Support Services

| SC | RSVP | FG/EM | Legal | Media | I&A | Outreach to Individuals | Outreach Public Information |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 1 |  |  |  |  |  |  |  |
| Quarter 2 |  |  |  |  |  |  |  |
| Quarter 3 |  |  |  |  |  |  |  |
| Quarter 4 |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |

**SC=Senior Companions RSVP= Retired Senior Volunteers FG/EM=Foster Grandparent/Elder Mentor**

Cost/Unit: \_\_\_\_\_\_\_\_\_\_\_ Services completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |

**Grant Award Funds Expenditures**

| Quarter 1 | $ | $ | $ | $ | $ | $ | $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 2 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 3 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 4 | $ | $ | $ | $ | $ | $ | $ |
| Totals | $ | $ | $ | $ | $ | $ | $ |

**Grant/Program Income**

| Quarter 1 | $ | $ | $ | $ | $ | $ | $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 2 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 3 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 4 | $ | $ | $ | $ | $ | $ | $ |
| Totals | $ | $ | $ | $ | $ | $ | $ |

**Local & In Kind Match**

| Quarter 1 | $ | $ | $ | $ | $ | $ | $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 2 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 3 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 4 | $ | $ | $ | $ | $ | $ | $ |
| Totals | $ | $ | $ | $ | $ | $ | $ |

**Other**

| Quarter 1 | $ | $ | $ | $ | $ | $ | $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 2 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 3 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 4 | $ | $ | $ | $ | $ | $ | $ |
| Totals | $ | $ | $ | $ | $ | $ | $ |

**Total Expenditures**

| Quarter 1 | $ | $ | $ | $ | $ | $ | $ |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quarter 2 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 3 | $ | $ | $ | $ | $ | $ | $ |
| Quarter 4 | $ | $ | $ | $ | $ | $ | $ |
| Totals | $ | $ | $ | $ | $ | $ | $ |

**Cost/Unit Total**

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| --- | --- | --- | --- | --- | --- | --- | --- |

Expenditures completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_